

SPECIAL ARTICLE

Mixed-sex wards: a survey of patient's opinions

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The proposed change in the location of the observation ward of Royal Victoria Hospital from a single-sex ward with separate toilet and washing facilities for men and women to a mixed-sex ward with shared toilet facilities prompted this survey. The observation ward is attached to a major adult accident and emergency (A&E) unit and the observation ward is staffed by the A&E doctors. Patients admitted were over 13 years of age and required observation and investigation for a large variety of acute reasons. Patients were generally discharged within 24 h.

Relocation took place in August, 1990. The first ward had two six-bedded bays, each single-sex. The second ward was a Nightingale-type ward where male and female patients were mixed. The nurses tried to avoid men and women being in beds directly opposite to each other. The beds however were quite close to each other and there was no way of avoiding men and women being in neighbouring beds. There was no partitioning in the ward except around the nurses station, and curtains could not be kept drawn as all patients had to be observed at all times. The first ward had separate toilet and washing facilities for men and women; the second ward had toilet and washing facilities which had to be shared between men and women although the nurses tried to ensure that only men or women used the facilities at any one time.

A simple questionnaire was used to obtain patients' opinions on the arrangement of sexes in the ward and on the toilet and washing facilities. To make it less obvious that these points in particular were being assessed there were other questions on meals, waking times, visiting arrangements, nursing care, medical care and availability of information on illness or treatment. Patients were asked whether these points were rated as good, satisfactory or unsatisfactory. Information on marital status was requested and space was provided on the form for comment. Patients were given the questionnaire while in the ward, encouraged to fill it in and return it before departure. The questionnaires were filled in by patients anonymously and entirely on their own. Fifty-seven questionnaires were filled in by patients in the first (single-sex six-bedded-bay) ward and 194 questionnaires

were completed by patients in the second (mixed-sex) ward. A total of 94.7% (54) patients in the single-sex ward considered it to be 'good' or 'satisfactory' and 5.3% (3) made no response (Table 1). No patient declared it to be unsatisfactory. On the other hand, in the mixed-sex ward only 63.4% (123) of patients considered the arrangement to be 'good' or 'satisfactory'; almost a third, 31.4% (61) declared it to be unsatisfactory and 5.2% (10) made no response. A total of 26.8% (52) felt sufficiently moved to write a comment. These written remarks were often strongly worded and many patients were clearly shocked to find themselves in a mixed ward. The following comments are representative: 'I felt uncomfortable', 'I was embarrassed', 'very much against it', 'very uneasy in a mixed ward', 'I would like to be in a ward with just the same sex unless it is a real emergency', 'only an administrator would arrange mixed wards', 'I was the only girl in the ward'. A greater number of married patients disapproved of the arrangements in the mixed-sex ward: 55.7% married and 27.9% single patients disapproved (proportion of married to single patients was 50% to 34%).

The toilet and washing facilities were considered to be 'good' or 'satisfactory' by 100% (57) of patients in the single-sex ward but the figure was 79.9% (155) in the mixed-sex ward, where 15.5% (30) considered the toilet and washing facilities to be unsatisfactory. A total of 4.6% (9) did not respond.

We are not aware of any previous survey of mixed-sex wards in the medical literature. However, there have been two recent articles in nursing journals. One, in general, opposed mixed wards on grounds of loss of privacy (Nazer, 1979), and one advocated mixed wards for certain patients (Filkins, 1987). In the latter study, patients were given the option of refusing admission and waiting for a bed in a single-sex ward. No emergency admissions were involved.

We realize that mixed-sex wards are in use in different parts of the country and

Table 1. Results of questionnaire

	Good	Satisfactory	Unsatisfactory	Not completed	Total
<i>Arrangement of sexes in the ward</i>					
1st Ward					
(single-sex)	39.0	15.0	0	3.0	57
Percentage	68.4	26.3	0	5.3	100
2nd Ward					
(mixed-sex)	59.0	64.0	61.0	10.0	194
Percentage	30.4	33.0	31.4	5.2	100
<i>Toilet and washing facilities</i>					
1st Ward					
(single-sex)	44.0	13.0	0	0	57
Percentage	77.2	22.8	0	0	100
2nd Ward					
(mixed-sex)	91.0	64.0	30.0	9.0	194
Percentage	46.9	33.0	15.5	4.6	100

even in other parts of this hospital, and because they exist they are sometimes quoted by management as a success. These wards in general are for patients with similar complaints in similar age groups; also there is some form of partitioning between men and women.

It has been suggested that it is reasonable for male and female 'observation' patients to share the same ward because they are in hospital for such a short time. This survey demonstrates that nearly a third of patients do not agree. Hospitals and all staff are being asked to improve the quality of service, and, as this perception from the patient's point of view shows, it is important that patients should be consulted. Changes are sometimes made from a management viewpoint forgetting that patients are not just medical conditions but are in fact human beings with their own requirements. Administrative demands may be over-riding patients' desires for personal privacy. In these days of patients' charters, what do patients choose?

ACKNOWLEDGEMENT

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REFERENCES

- Filkins J. (1987) Mixed blessing *Nursing times* **83**, 42-3.
Nazer G. (1979) Time for stricter controls over the growth of mixed wards? *Nursing Mirror* **48**, 6.